



APPLICATION FOR FLORIDA BIRTH RECORD

Bay County Health Department
 597 W. 11th. St.
 Panama City, Fl. 32401
 850-872-4720

Requirement for ordering: If applicant is self, parent, guardian, or legal representative, then the applicant must complete this application and provide a copy of a valid photo identification. If applicant is not one of the above, the Affidavit to Release a Birth Certificate must be completed by an authorized person and submitted in addition to this application form. Acceptable forms of identification are the following: Driver's License, State Identification Card, Passport, and/or Military Identification Card

CHILD'S FULL NAME AS SHOWN ON BIRTH RECORD	FIRST			MIDDLE	LAST	SUFFIX
IF NAME WAS CHANGED SINCE BIRTH, INDICATE NEW NAME	FIRST			MIDDLE	LAST	SUFFIX
DATE OF BIRTH	MONTH	DAY	YEAR (4-DIGIT)	STATE FILE NUMBER (If known)	SEX	
PLACE OF BIRTH	HOSPITAL			CITY OR TOWN	COUNTY	
MOTHER'S MAIDEN NAME (Name before marriage)	FIRST			MIDDLE	LAST	SUFFIX
FATHER'S NAME	FIRST			MIDDLE	LAST	SUFFIX

APPLICANT NAME/DELIVERY INFORMATION

Any person who willfully and knowingly provides any false information on a certificate, record or report required by Chapter 382, Florida Statutes, or on any application or affidavit, or who obtains confidential information from any Vital Record under false or fraudulent purposes, commits a felony of the third degree, punishable as provided in Chapter 775, Florida Statutes.

Applicant's Name TYPE OR PRINT	FIRST	MIDDLE	LAST (INCLUDING ANY SUFFIX)		
DELIVERY ADDRESS (INCLUDE APT. NO., IF APPLICABLE)		CITY	STATE	ZIP CODE	
HOME PHONE NUMBER ()	RELATIONSHIP TO REGISTRANT SELF _____ PARENT _____ GUARDIAN _____ OTHER _____ (SPECIFY)		SIGNATURE OF APPLICANT		
WORK PHONE NUMBER ()	IF ATTORNEY, PROVIDE NAME OF PERSON YOU REPRESENT AND THEIR RELATIONSHIP TO REGISTRANT				
IF ATTORNEY, PROVIDE BAR/PROFESSIONAL LICENSE NO.					

FEES ARE NON-REFUNDABLE: If ordering by mail you must send a copy of current valid photo identification (drivers license, state identification card, passport, military identification) and a money order or cashier check.

A fee of \$12.00 entitles the applicant to one computer certification. **\$12.00 X** = _____

Additional copies at the same time on the same person are \$8.00 **\$8.00 X** = _____

TOTAL = _____

DATE _____ INITIALS _____

PAPER _____
 DH FORM 1960 2/08 OBSOLETE PREVIOUS EDITIONS

RECEIPT _____

INFORMATION AND INSTRUCTIONS FOR BIRTH RECORD APPLICATION

COMPUTER CERTIFICATION: computer certifications are accepted by all state and federal agencies and used for any type of travel.

AVAILABILITY: Birth registration was not required by state law until 1917, but there are some records on file dating back to 1865. Birth records under seal by reason of adoption, paternity determination or court order cannot be ordered in this manner. For a record under seal or prior to 1930, write to

BUREAU OF VITAL STATISTICS
P. O. BOX 210
JACKSONVILLE, FL. 32231

ELIGIBILITY: Birth certificates can be issued only to:

1. Registrant(child named on record) if of legal age(18)
2. Parent listed on the birth record
3. Legal guardian (must send copy of guardianship papers)
4. Legal representative of one of the above persons
5. Other person by court order(must provide recorded or certified copy of court order)

If not one of the above, you must complete this application and have a notarized Affidavit to Release A Birth Certificate (DH for 1958, 2/03) submitted with your application for the birth record along with a copy of a valid photo identification.

In the case of a deceased registrant, upon receipt of the death certificate of the decedent, a certification of the birth certificate can be issued to the spouse, child, grandchild, sibling, if of legal age, or to the legal representative of any of the persons as well as to the parent. Any person of legal age may be issued a certified copy of the birth record (except for those birth records under seal) for a birth event that occurred over 100 years ago.

REQUIREMENT FOR ORDERING: If applicant is self, parent, legal guardian or legal representative, then the applicant must provide a completed application along with a copy of a **valid** photo identification. If legal guardian, a copy of the appointment orders must be included with your request. If legal representative, your attorney bar number, and a notation of whom you represent and their relationship to the registrant must be included with your request. If you are an agent of local, state or federal agency requesting a record, indicate in the space provided for "relationship" the name of the agency.

ACCEPTABLE FORMS OF IDENTIFICATION: **MUST BE VALID DRIVER'S LICENSE, STATE IDENTIFICATION CARD, PASSPORT and/or MILITARY IDENTIFICATION CARD.**

RELATIONSHIP TO REGISTRANT: A person ordering his or her own certificate should enter "SELF" in this space. Also, explain if name has been changed, married, name changed legally (when or where), etc. Others must identify themselves clearly as eligible,

FEES ARE NONREFUNDABLE, FEES SUBJECT TO CHANGE.

APPLICANT'S SIGNATURE IS REQUIRED AS WELL AS PRINTED NAME, RESIDENCE ADDRESS AND TELEPHONE NUMBER.